

Kathy Michael, McLean County Clerk/Recorder 115 E. Washington Street, Room M-104 Post Office Box 2400 Bloomington, IL 61702-2400 (309) 888-5170 (309) 888-5927 (Fax)

Recorder's Office Internet User Application and Agreement

I, or in my capacity to authorize legal transactions for the entity below, have completed (or will complete) the McLean County Recorder Online User Application for access to the McLean County Recorder's on-line index of recorded documents. By my signature below, I acknowledge the following:

- I have completed (or will complete) the McLean County Recorder's Office Online User Application and Agreement.
- If not for me as an individual, I am legally authorized to sign agreements for the entity in whose name the Application was made.
- I have read (or will read) and agree to the McLean County Recorder's Office Online User Application requirements and rules and agree to abide by its provisions. I agree the User Agreement may be amended at any time by the McLean County Recorder; and it will be posted at the McLean County Recorder's website link if so changed.

User Account Information:				
Name (individual or firm)				
Address	City	State	Zip Code	
Phone	User name chose	en		
Email	Comme	rcial Account	Personal Account	
Authorized Signature			Date	
If mailing this do	cument the following N	otary Statement m	ust be completed	
	Notary Sta	tement		
County of		State of		
l,	the undersigned, a N	Notary Public in and f	or the County, and in the State	
aforesaid, DO HEREBY CERTIFY THA be the same person(s) whose name in person, and acknowledge that he the uses and purposes set forth.	e(s) is/are subscribed on tl	he foregoing instrum	ent, appeared before me this day	
Given under my hand and official s	eal day of	fin	the year	
Notary Public Signature		My c	ommission expires on (date)	